

Becket Systems

An Independent Review Organization

815-A Brazos St #499

Austin, TX 78701

Phone: (512) 553-0360

Fax: (207) 470-1075

Email: manager@becketsystems.com

DATE NOTICE SENT TO ALL PARTIES: Dec/14/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Fentanyl Patch 75MCG/HR

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Anesthesiology

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this review that the request for fentanyl patches 75mcg/hour is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female with a reported injury to her low back. According to the previous utilization reviews, the patient had previously undergone a low back surgery that was subsequently described the use of Norco as well as Fentanyl patches. There is indication the patient had previously undergone a urine drug screen which revealed far positive findings for the use of opioid therapy as well as xanax. On the request is for ongoing use of fentanyl patches. The utilization reviews dated 10/07/15 and 11/02/15 resulted in denials as insufficient information had been submitted regarding objective functional improvement along within a significant reduction in pain attributable to the use of fentanyl patches.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient having previously undergone a surgical procedure in the low back. There is an indication the patient had been utilizing fentanyl patches for prolonged period of time. The ongoing use of opioid therapy include fentanyl patches is indicated provided the patient meets specific criteria to include a significant reduction in pain along with an objective functional improvement. No objective data was submitted regarding the patient's response to the use of this medication. Without objective data in place confirming the patient's positive response unclear if the patient is likely benefit from the use this medication. Therefore, the request is not indicated. As such, it is the opinion of this review that the request for fentanyl patches 75mcg/hour is not recommended as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)